

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
9		1					59				
10	1						60				
11		1					61				
12		1					62				
13		1					63				
14		1					64				
15		1					65				
16		2					66				
17		2					67				
18		2					68				
19		2					69				
20		2					70				
21		2					71				
22		2					72				
23	1						73				
24		1					74				
25		1					75				
26	1						76				
27		1					77				
28		1					78				
29		2					79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	23						TOTAL DEP.				
TOTAL CLAIMS	27						TOTAL CLAIMS				